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SPECIALISTS IN MEDICINE.

THE question is frequently raised by persons with whom I come in daily contact whether it is "best in any illness to seek the immediate aid of a specialist or that of a general practitioner. In other words, which shall we consult—the family physician or the specialist?"—the well-educated and experienced general practitioner, or the modern specialist, whose claim to patronage is based on his exclusive devotion to one branch or subject in medicine? In my judgment, there is no question in the whole range of the social economies of the day that is of greater importance, and inures more directly to the welfare and happiness of the community, than this. Under most circumstances, my advice is to seek first the aid of the general practitioner—one that you know, and who knows you. Exert your own intelligence, and you will be enabled to determine whether he does or does not understand your case. If he does, be guided by his advice. If he does not,—assuming that he is an honorable practitioner,—*he is the one to guide you* in the selection of a specialist for special assistance.

The fashion of the day tends, to a great extent, to the selection of a specialist for every ailment. It has been alleged that the subdivision of labor in the field of medicine affords the best opportunities for the advancement of the science and the practice of the art. It is, to a great extent, a false assumption—as false as the assumption that the possession of the doctorate of medicine implies fitness to practice. The possession of a degree in medicine affords no more and no other evidence than the fact that the bearer of the title has probably attended two or three limited courses of lectures in one of the many schools that abound in every part of the country. If any one questions these premises, let me refer him to any of the surgeons of the army and navy who have served as members of examining boards for the admission of candidates for surgeons' commissions in the public service, or let me

suggest to him to examine the certificates of death—for any one day—filed in the office of the Registrar of Vital Statistics, especially those of New York. A remarkable address on this subject—bearing ample testimony to what I have said—was delivered, about two years ago, before the American Medical Association, by a surgeon of the United States navy.

The question of specialism in medicine has recently been vigorously brought before the public by Dr. Morell Mackenzie, of London, who professes to devote his entire attention to diseases of the throat. He has acquired some notoriety in his specialty. His notoriety, at least, will not be lessened by the articles he publishes on this subject.* His intemperate denunciation of his professional brethren of the College of Physicians does not add to the strength of his argument (?) or to his own pretensions to speak authoritatively on questions of scientific medicine. Dr. Mackenzie does himself injustice in his wild denunciation of the so-called “pure physician,” and still more injustice to the cause of the specialist by the arrogance of his assumption that “public opinion has, in fact, declared itself with such emphasis on the side of the specialists that the profession has been coerced into sullen acquiescence in the inevitable.” He says :

“It may not unnaturally be asked why specialism was so vehemently opposed by the medical profession. In the first place it was, as already said, what Americans call a ‘new departure,’ and, as nearly every page of the history of human progress shows, the pioneers of any onward movement have been exceptionally fortunate if they escaped persecution. Again there is an innate tendency in human nature to look with suspicion on knowledge or skill which is the possession of a select few. The distrust of doctors as a class which is sometimes met with (by no means always among the ignorant) is in itself an illustration of this. Coming, however, to more definite examples of this form of jealousy, we find that it especially pervades limited societies of men, as may be seen in the case of guilds and trades-unions.”

I cannot, of course, tell to what extent Dr. Mackenzie is justified in reaching these conclusions ; they are the outgrowth of his English experience amongst his own people. This I do know : that in America the well-educated, experienced, skillful

* “Specialism in Medicine,” June, 1885 ; “Medical Specialism : a rejoinder,” August, 1885, by Morell Mackenzie. “Fortnightly Review.”

specialist is held in high esteem by the well-educated general practitioner, whether he be physician or surgeon. The public cannot go far astray by consulting their own "family practitioner" in the selection of a specialist for special cases. He will invariably acquiesce in their wishes, and he should know better than his secular neighbor the one most likely to render most valuable additional assistance. Beware of the over zealous secular advisers that abound in every community. How suggestive this caustic passage from poor De Quincey: "For it is one of the infirmities of the public mind with us, that whatever is said or done by a public man, any opinion given by a member of Parliament, however much out of his own proper jurisdiction and range of inquiry, commands an attention not conceded even to those who speak under the known privilege of professional knowledge." Any denial of this statement virtually ignores the claims of an honorable and honored profession to the possession of honor and integrity in their intercourse with their fellow-men. That jealousies exist—frequently to a disgraceful extent—in the medical profession no one can dispute. There is, however, less of acrimony in these jealousies the higher we ascend in the scale of professional attainments and the possession of intrinsic rewards. Jealousies are mainly the outgrowth of disappointment and despair on the part of those who have failed to win honors and emoluments.

Dr. Mackenzie refers to his astonishment, when visiting the United States about three years ago, at the universal diffusion of specialism he found existing amongst us. He concluded that specialism was received with open arms. His deductions were reached on false bases. Most of the so-called specialists are not specialists. They pretend to be such, as opportunities offer chances for special cases. Necessity, want of practice, leads to this course—not an enlightened cultivation of or knowledge or fitness to practice any special branch of medicine. Many of the friends with whom he came most in contact—supposed to be pure throat doctors—do not disdain fees for opinions in the varied range of medicine. There is not a very large number of pure specialists—men who devote their entire time and practice to one branch of medicine. Those that do follow the course of pure specialists are the experienced men of scientific attainments who from a large *clientèle* have discarded all but those of special interest and of a

special character. The general practitioners have invariably been in favor of and supported this class of specialists. Their so-called jealousy of "specialism" has been against the claims of mere tyros in medicine assuming special knowledge and skill—men without ability or experience—versed only in the methods of advertising without incurring penalties exacted from those infringing the laws governing members of the learned professions.

Now, what constitutes a good general practitioner, and why should he first be consulted? Natural fitness, a liberal preliminary education, a systematic course of didactic teaching, covering a period of not less than three years, two years' clinical instruction and experience as an assistant in a hospital, should be—must be—the essentials *to start* on the successful career of a general practitioner. Ten years then—not less—of the average range of general practice may be regarded as the preliminary fitting for a creditable career in a specialty.

I have known of and met in my own experience many specialists of distinction. Their success was based on their general intelligence and experience in general medicine.

In obscure and doubtful cases take advantage, by all means, of the assistance afforded by the specialist who has shown his skill at the bedside in a wide range of practice. Bear in mind, however, that the lever and source of reputation, at the present time, of a large proportion of the so-called specialists is either a subordinate chair in some medical institution, acquired by purchase, politics, or nepotism, or the make-up of an octavo of old and "new" doctrines—seldom demonstrated as of any value—culled from the journals of the hour.

A more rational course of living on the part of our so-called better classes of women would prove the best prophylactic against many of the diseases of women that are claimed by the specialists for special treatment. I refer to proper mental and physical exercise, rest, diet, clothing, and hygienic surroundings.

Oliver Wendell Holmes, distinguished alike in science, literature, and humanity, ridicules the subdivision of medicine into specialties. Surely no one will question his integrity or capacity of judgment. Forty years ago, when a general practitioner of medicine, he demonstrated with all his zeal and eloquence that "the disease known as puerperal fever is so far contagious as to be frequently carried from patient to patient by physicians and

nurses." The mortality has increased from this special source to a frightful extent. Very recently a distinguished specialist has directed attention to the subject in New York, and formulated rules to correct the evil so well described and denounced by the great general practitioner.

Consult an oculist of good ability and repute in a case of iritis—an inflammation of the iris. He will tell you that iritis may arise spontaneously—without any perceptible cause—may be the result of direct injury, or of specific or rheumatic origin. Any fairly educated surgeon can treat it as well as he. If the case should become so severe that an operation is indicated, the assistance of the pure oculist might be of advantage, he being in more constant practice for such operations.

Take, for instance, a case of eczema, the most prevalent of all skin diseases; it may result from a vitiated condition of the system, an injury, a local irritation, or associated with a gouty or rheumatic diathesis. Who shall treat it—the pure skin doctor, with his exclusive knowledge of the skin and his local applications of washes and tar ointments, or the experienced general practitioner learned in all the phases and conditions of the system in health and disease? Tilbury Fox, the great English authority on diseases of the skin, says: "To be a successful dermatologist, it is necessary to be a well-informed physician. The dermatologist has hitherto practically ignored this fact in the pathology to which he has pinned his faith and the therapeutics he has adopted. I have no hesitation in saying that the best preparation for the study of diseases of the skin is a good grounding in general medicine, at the bedside and in the dead-house."

The sore throat of diphtheria and malignant scarlet fever—the most severe forms of all acute diseases of the throat—are but local manifestations of poisons affecting the general system. Surely these are cases for the practitioner of general medicine and not the pure throat doctor. I could easily multiply instances such as I have described. Again, let me advise my readers to consult first the well-educated general practitioner.

Dr. H. B. Donkin, an accomplished English physician, responds to Dr. Mackenzie's first article in the "Fortnightly Review,"* and exposes the dangers of the course advocated by Dr. Mackenzie to both the public and the profession. The leading medical

* "Dangers of Medical Specialism."

journals have now entered the arena of discussion, and the question is under way for thorough ventilation.

I have thus far presented only the opinions of members of my own profession. Let me submit the following letter which I received from the Rev. Dr. M. B. Anderson, President of the Rochester University, in acknowledging the receipt of a copy of an address which I delivered before the alumni of the University of Vermont, on "Specialists and Specialties in Medicine," in 1876 :

"DEAR SIR : Let me thank you for the address on 'Specialists and Specialties' which you have been so kind as to send to a stranger, not a member of your profession. With your discussion upon the evils of deficient preliminary education for the medical profession, and of excessive addiction to specialties, I have been exceedingly gratified. I know of but one medical school which requires any preliminary examination for entrance upon its course of study. This failure of professors in medical schools is an advertisement to the world that neither liberal culture, nor indeed any course of study worthy to be called education in any proper sense, is requisite for the medical profession. This is saying to the world that medicine is no longer a learned profession, but a trade, an art, which is to be learned like that of a carpenter or a mason. I agree with what is implied in your address, that the trouble regarding the prevalence of quackery arises from the fact that there are so many real quacks who are really indorsed as regular members of the medical profession.

"The only proper definition of a quack is a man who practices medicine by rules and authorities whose fundamental basis and reason he does not understand. I have never read an address from any eminent physician which contained so much good sense on the subject of medical training.

"Regarding specialties I remark that my duties as a commissioner of charities have brought me into relation with specialists in the care of the insane, and the result has been such as to confirm your general views. Not only medicine, but all branches of physical science, are suffering from specialism. A man finds a few undescribed fossil bones or shells, and he goes into the newspapers as a man of science whose authority is final upon any scientific subject upon which he may choose to give an opinion. He may have no idea of scientific method; he may be a man without general education in any single department of human thought; but he assumes the position (and the newspapers yield it to him) of a scientific authority. Such men have the same relation to the great legislators of science that a hod-carrier sustains to an architect. No man can thoroughly understand a part of the human organism without a comprehensive and general knowledge of the whole. Indeed, the whole range of the natural sciences seems to be more closely related as we make more minute investigation of details. No man can be an intelligent observer of details who has not an intelligent idea of the system of which they form a part. Agassiz said to me a few years before his death, 'I am more and more suspicious of the observations and deductions of a man who is familiar with but one narrow specialty in science.' Pascal had said before him, 'The parts of the world have all such relation and are so connected with each other that I believe it impossible to know the one without knowing the other, nor without a knowledge of the whole.' It was once said to Napoleon 'that such discoveries as Newton's were no longer possible.' 'There remains,' replied he, 'the

world of details.' This is true, but details are only significant as they are coordinated in a system.

"Our modern tendency is to consider knowledge of details, which are unrelated in thought, standing apart from any coherent system, as science. This is the weakness of our age. The weakness of former ages was contempt for investigation of details, and a disposition to evolve science from an empty mind. Thus we oscillate from one extreme to another. It is the part of a wise man to remedy so far as he can the specific evils of his own age. This, I take it, was the inspiration of your address. I hope you will go farther in the same direction.

"Yours truly,

(Signed)

"M. B. ANDERSON."

This letter speaks so eloquently of the necessities of a thorough education and training for the practice of any learned profession or calling, and so tersely of the dangers of too marked a subdivision of scientific work, that I begged permission of the distinguished educator to publish it. No additional testimony is, I believe, called for to sustain the views I have expressed and advocated.

MORRIS H. HENRY.